

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049167

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 530

FILED JAN 8 1964

1. PLACE OF DEATH a. COUNTY ST. FRANKOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST. FRANKOIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FLAT RIVER, MO.		c. CITY OR TOWN FLAT RIVER, MO.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME.		d. STREET ADDRESS (If outside, give location) TRAILER COURT	
3. NAME OF DECEASED (Type or print) First ROSELLA Middle BOSWELL Last BOSWELL		4. DATE OF DEATH Month DEC Day 27 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAR 28, 1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) HOUSE-WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	
11a. FATHER'S NAME GRANT TUCKER		11b. MOTHER'S MAIDEN NAME MAGGIE TUCKER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT MRS VIOLA YOUNG		Address FLAT RIVER, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Ovaries DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
21. I attended the deceased from Dec 25 63 to Dec 27 63 and last saw her alive on Dec 25 63 Death occurred at 9 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. H. Appberry M.D.		22b. ADDRESS St. Louis, MO.	
22c. DATE SIGNED 12-28-63		23. LOCATION (City, town, or county) (State) St. Louis, MO.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12/31/63	23c. NAME OF CEMETERY OR OTHER PLACE Mount Hope	
24. FUNERAL DIRECTOR EALDWELL & SON'S FLAT RIVER, MO.		25. DATE RECD. BY LOCAL REG. Dec 28, 1963	
26. REGISTRAR'S SIGNATURE Ether Redloff			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

5470
5470
y

1
1
1
y

0-02